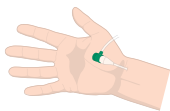


TR Band[®]

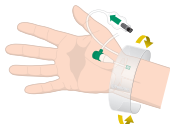
Radial Compression Device



APPLICATION GUIDELINES

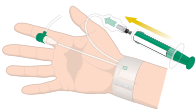


Upon completion of procedure **WITHDRAW** introducer sheath 2-3cm.



APPLY the TR Band Compression Device by aligning green marker, 1-2mm proximal to the puncture site.

FIX the strap on the wrist with the adjustable fastener. The TR Band Compression Device should be fixed tight enough to prohibit excess movement.



To **INFLATE** the compression balloon, slowly inject 15-18mL of air while simultaneously removing sheath. Air should be fully inserted when sheath is completely removed.

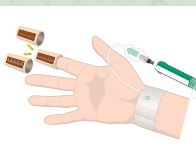
Begin titration of air using the patent hemostasis technique by removing 1mL per second while observing the access site. When bleeding occurs, inject 1-2mL of air or until bleeding stops.

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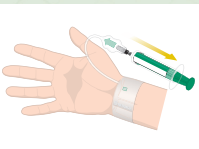
TR Band[®]

Radial Compression Device

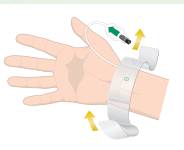


Confirm radial pulse and evaluate radial artery patency by using the reverse Barbeau's test.^{1,2} The hemostatic compression pressure should be lowered to the point where plethysmographic waveform returns and hemostasis is maintained. This is evidence of antegrade radial artery flow.

REMOVAL GUIDELINES



To DEFLATE the compression balloon, remove 3-5mL every 10-15 minutes. If bleeding occurs during removal, insert enough air to restore hemostasis; confirm hemostasis. Wait 15-30 minutes before resuming deflation. Before removing, confirm that bleeding has stopped.



Once air has been completely removed from band, CONFIRM bleeding has stopped. Unfasten the adjustable band while stabilizing access site with gentle pressure. Remove band by lifting slowly toward palm of hand. Apply sterile dressing.

RX ONLY. Refer to the product labels and package insert for complete warnings, precautions, potential complications, and instructions for use.

References:

1. Patel T. Patel's Atlas of Transradial Intervention: The Basics and Beyond. 2012; 8-17.
2. Barbeau et al. Am Heart J. 2004;147:489-93.

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